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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US99/09366 04/29/1999  
 which claims benefit of 60/083,418 04/29/1998

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 12	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 24
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Verified and Acknowledged

Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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TITLE

Diagnostic markers of human female infertility

FILING FEE  RECEIVED 1475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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